

# Massachusetts

[Title I](#) | [Title II](#) | [ADAP](#) | [Title III](#) | [Title IV](#) | [SPNS](#) | [AETC](#) | [Dental](#)

## State CARE Act Program Profile

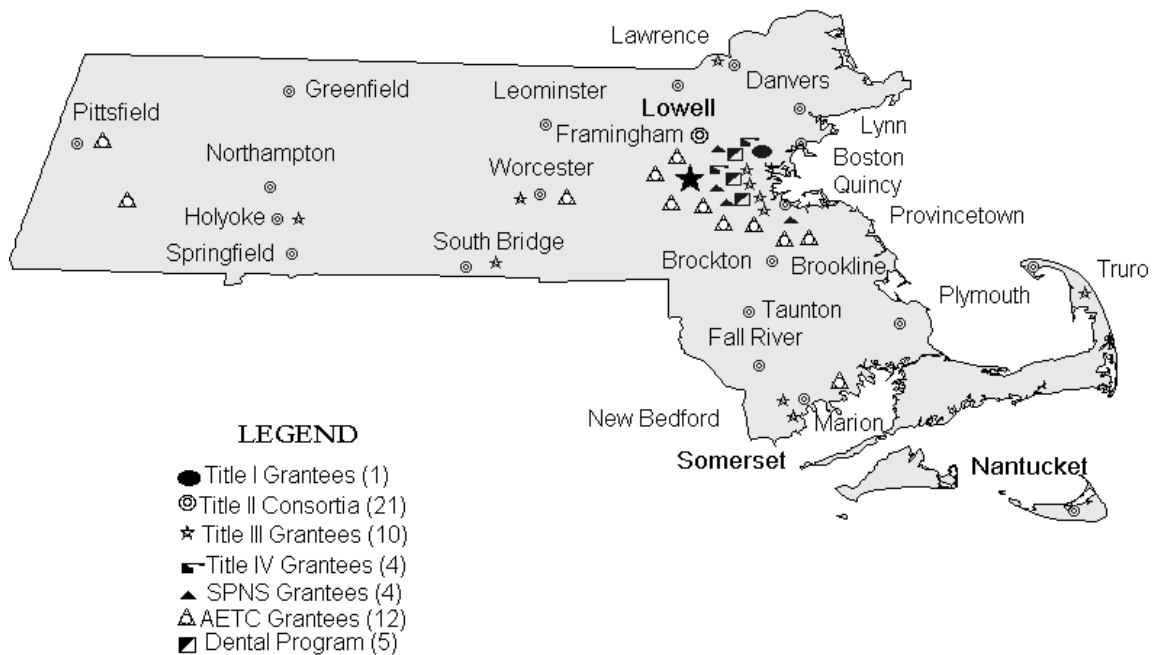
### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$8,360,436	\$9,033,443	\$9,463,130	\$26,857,009
Title II (including ADAP)	\$4,836,051	\$7,528,256	\$9,780,533	\$22,144,840
ADAP	(\$1,059,974)	(\$3,310,714)	(\$5,563,213)	(\$9,933,901)
Title III	\$3,118,922	\$3,432,232	\$3,454,457	\$10,005,611
Title IV	\$1,311,628	\$1,757,938	\$1,994,948	\$5,064,514
SPNS	\$1,218,588	\$1,405,852	\$1,545,335	\$4,169,775
AETC	\$596,248	\$410,599	\$588,224	\$1,595,071
Dental	\$475,749	\$684,459	\$727,032	\$1,887,240
<b>Total</b>	<b>\$19,917,622</b>	<b>\$24,252,779</b>	<b>\$27,553,659</b>	<b>\$71,724,060</b>

### Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	1	1	1
Title III	11	11	10
Title IV	3	3	4
SPNS	4	4	4
AETC (grantee or subcontractor)	12	12	12
Dental	5	4	5

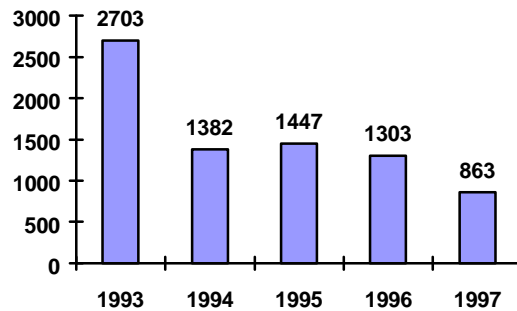
## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Massachusetts (Pop. 6,117,520)

- ▶ Persons reported to be living with AIDS through 1997: 4,366
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV: HIV reporting without name (initiated January 1999)
- ▶ State AIDS Cases (cumulative) since 1993: 7,698 (2% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	75%	78%
Women (13 years and up):	25%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	45%	33%
African American:	28%	45%
Hispanic:	26%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	26%	35%
Injecting drug user (IDU):	40%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	4%
Heterosexual contact:	14%	13%
Other, unknown or not reported:	17%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	91%	91%
Receipt of blood transfusion, blood components, or tissue:	9%	<1%
Other, unknown or not reported:	0%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	112.6	194.5
Gonorrhea (1996)	36.0	124.0
Syphilis (1996)	1.4	4.3
TB (1997)	4.4	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** access to HIV care and treatment; education and information; employment services; mental health services; substance abuse services; and transportation
- ▶ **Emerging Needs:** increased cases in women, substance users and people of color; new therapies; improved services outside of Boston; managed care; welfare reform; changes in immigration laws and federal eligibility requirements affecting PLWH

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	200% FPL
Medically Needy	72% FPL

\*Income eligibility for State's ADAP program is annual income less than \$27,000.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

### Waivers

#### 1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** Yes

Beneficiary groups: Current Medicaid managed care enrollees under 1915(b) waiver program (Medicare beneficiaries, institutionalized individuals and the elderly are not included) and low-income children, families, and disabled; low-income long-term unemployed; and low-income employed.

#### 1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

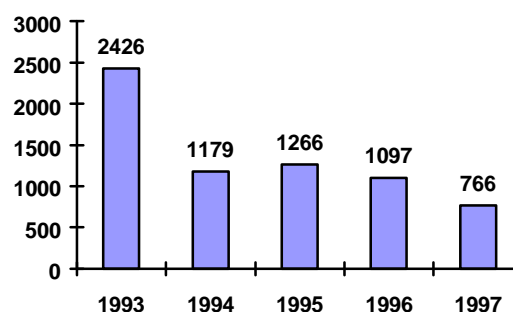
**1915(b) waiver(s):** Yes

## Title I: Boston

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties in Massachusetts and Hillsborough, Rockingham, and Strafford Counties in New Hampshire
- ▶ Estimated number of people living with AIDS at the end of 1997: 4,547
- ▶ AIDS Cases (cumulative) since 1993: 6,734 (87% of state cases, 2% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



### AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	74%	75%	78%
Women (13 years and up):	26%	25%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	2%	2%	2%
20+ years old:	98%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	47%	45%	33%
African American:	28%	28%	45%
Hispanic:	25%	26%	21%
Asian/Pacific Islander:	1%	1%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	26%	26%	35%
Injecting drug user (IDU):	40%	40%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	2%	4%
Heterosexual contact:	14%	14%	13%
Other, unknown or not reported: (Adults only)	18%	17%	24%

## Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$4,523,392	\$5,073,523	\$5,182,595	\$14,779,510
Supplemental	\$3,837,044	\$3,959,920	\$4,280,535	\$12,077,499
Total	\$8,360,436	\$9,033,443	\$9,463,130	\$26,857,009

## Allocation of Funds

	1998
Health Care Services	\$2,447,583/26%
Medications	\$1,138,086/12%
Case Management	\$768,230/8%
Support Services	\$4,254,081/45%
Administration, Planning and Program Support	\$855,150/9%

## Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 46
- ▶ PLWH on planning council: 18 (39%)

## Gender of Planning Council Members

Men:	57%
Women:	43%

### **Race/Ethnicity of Planning Council Members**

White:	59%
African American:	20%
Hispanic:	15%
Asian/Pacific Islander:	4%
Native American/Alaska Native:	2%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

### **Accomplishments**

Clients Served (duplicated count), FY 1996:	16,060
Men:	70%
Women:	30%

<13 years old:	6%
13-19 years old:	2%
20+ years old:	92%

White:	49%
African American:	24%
Hispanic:	22%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	3%

Men who have sex with men (MSM):	27%
Injecting drug user (IDU):	32%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	29%
Other, unknown or not reported:	9%

### **► Improved Patient Access**

- Using consistent primary care service definitions over the past two years (e.g., medical, dental, and substance abuse treatment services), the grantee reported that services provided increased between 20 and 30% over the prior year. In FY 1997, these services included 5,791 primary medical care visits, 672 OB/GYN visits, 39,334 units of substance abuse treatment, 9,203 dental service units, and 4,348 units of mental health services.



- During FY 1997, the grantee reported that supportive services increased an estimated 25 to 30%, based on increases in housing and food services. These services included 125,142 units of food services, 12,231 units of transportation to primary care services, 10,109 units of respite care, 55,156 units of housing related services, 12,460 units of case management, and 4,741 units of peer support services.
- The Title I program added or expanded the following services during FY 1997: 1) expanded the AIDS drug reimbursement program to include additional, newly approved medications; 2) added benefits screening to case management services, to facilitate and speed up enrollment of clients in Medicaid and other benefit programs; 3) added a case-management program targeting HIV-infected women in correctional settings, to develop pre-release linkages and ensure their referral and transition to medical and supportive services upon release; and 4) expanded dental services to the New Hampshire portion of the Boston Title I program.

#### ▶ **Improved Patient Outcomes**

- The Title I program focused on improving access and utilization to services for under-represented populations, including racial/ethnic minorities, women, and persons released from correctional facilities. A profile of services and clients demonstrates that Title I-funded services are reaching minority and underserved populations proportionate to the racial/ethnic demographics of HIV in the EMA.
- Based on a study by Suffolk University examining the referral of persons who test positive for HIV infection, the EMA developed and reinforced improved linkages between HIV testing/counseling services and Title I-funded primary medical care, treatment and related health care services.
- In a pilot study focusing on outcomes of peer support services, Suffolk University found that 68% of participating clients experienced an increase in self-esteem measures after six months, with 75% showing an increase after 24 months; 79% experienced increased levels of support with a reduction in isolation after six months; 86% of clients demonstrated increased knowledge about HIV/AIDS in six months; while other measures showed reductions in client stress levels.

#### ▶ **Cost Savings**

- The Suffolk University pilot study of cost-effectiveness/outcome measures with respect to peer support services, found: 1) a decrease in inappropriate service requests; 2) some reduction in the number of medical interventions needed for episodes of HIV-related illness; and 3) a significant reduction in the need for mental health services.

► **Other Accomplishments**

- Expanded funding for ADAP enabled the Boston EMA to undertake a treatment adherence study to develop effective means for improving compliance with treatment regimens. The study has a formal evaluation component to assess increases in adherence to treatment therapies leading to improved client health outcomes.
- The Title I program developed and implemented standards of care for day care, drug reimbursement, peer support, and complementary therapies. In collaboration with the State, the Title I program developed case management standards and, subsequently, jointly procured services based on these standards.

## Title II: Massachusetts

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$4,836,051	\$7,528,256	\$9,780,533	\$22,144,840
ADAP (included in Title II grant)	(\$1,059,974)	(\$3,310,714)	(\$5,563,213)	(\$9,933,901)
Minimum Required State Match	\$2,418,026	\$3,764,128	\$4,890,267	\$11,072,421

### Allocation of Funds

	1998
Health Care (State Administered)	\$6,097,859/62%
Home and Community Care	(\$534,646)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$5,563,213)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$2,937,773/30%
Health Care*	(\$222,522)
ADAP/Treatment	(\$8,880)
Case Management	(\$1,699,361)
Support Services**	(\$1,007,010)
Administration, Planning and Evaluation (Total State/Consortia)	\$744,901/8%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 20

Consortium Name	Location	Service Area	Title II Funding, FY 1997
AIDS Coalition of the Merrimack Valley	Lawrence	Amesbury, Andover, Boxford, Georgetown, Groveland, Haverhill, Lawrence, Merrimac, Methuen, Middleton, Newbury, Newburyport, North Andover, Rowley, Salisbury, and West Newbury	\$320,275
Berkshire AIDS Coalition	Pittsfield	Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesboro, Lee, Lenox, Monterey, New Ashford, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, South Egremont, Stockbridge, Tyringham, West Stockbridge, Washington, West Stockbridge, Williamstown, and Windsor	\$69,350
Brockton Area AIDS Consortium	Brockton	Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, North Easton, Stoughton, West Bridgewater, and Whitman	\$147,434
Franklin County/N. Quabbin HIV/AIDS Consortium	Greenfield	Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Monroe, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Royalston, Shelburne, Shutesbury, Sunderland, Warwick, Wendell, and Whately	\$98,457
Greater Fall River AIDS Consortium	Fall River	Fall River, Somerset, Swansea, and Westport	\$109,877
Greater Lowell AIDS Consortium	Lowell	Billerica, Chelmsford, Dracut, CUNstable, Lowell, Tewksbury, Tyngsboro, and Westford	\$0
Greater Plymouth AIDS Consortium	Plymouth	Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Pembroke, Plymouth, Plympton, and Rockland	\$8,900

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Greater Taunton Mayor's AIDS Consortium	Taunton	Attleboro, Berkley, Dighton, Lakeville, Mansfield, Middleboro, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, and Taunton	\$77,045
Hampshire County Ryan White II HIV/AIDS Consortium	Northampton	Amherst, Belchertown, Chesterfield, Cummington, East Hampton, Goshen, Granby, Hadley, Hatfield, Middlefield, Northampton, Pelham, Plainfield, South Hadley, Southampton, Ware, Westhampton, Williamsburg, and Worthington	\$101,016
HIV Consortium of Central Massachusetts	Worcester	Auburn, Bellingham, Blackstone, Boylston, Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Franklin, Grafton, Holden, Holland, Hopedale, Leicester, Medway, Mendon, Milford, Millbury, Millville, North Brookfield, Northbridge, Oxford, Paxton, Shrewsbury, Southbridge, Spencer, Sturbridge, Sutton, Upton, Uxbridge, West Boylston, West Brookfield, Wales, Warren, Webster, and Worcester	\$161,928
Holyoke/Chicopee/Westfield AIDS Consortium	Holyoke	Chester, Chicopee, Holyoke, Huntington, and Westfield	\$248,699
Metro West AIDS Consortium	Framingham	Ashland, Foxboro, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Maynard, Medfield, Millis, Natick, Norfolk, Northborough, Plainville, Sherborn, Southborough, Stow, Sudbury, Walpole, Wayland, Westborough, and Wrentham	\$38,258
Nantucket AIDS Network	Nantucket	Nantucket	\$42,489
New Bedford AIDS Consortium	New Bedford	Acushnet, Dartmouth, Fairhaven, Freetown, Marion, Mattapoisett, New Bedford, Rochester, and Wareham	\$141,000
North Shore AIDS Collaborative Consortium	Lynn	Danvers, Lynn, Lynnfield, Marblehead, Nahant, Peabody, Salem, Saugus, and Swampscott	\$166,170
North Worcester AIDS Consortium	Leominster	Ashburnham, Ashby, Ayer, Barre, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hardwick, Harvard, Hubbardston, Lancaster, Leominster, Lunenburg, New Braintree, Oakham, Pepperell, Princeton, Rugland, Shirley, Sterling, Templeton, Townsend, Westminster, and Winchendon	\$179,316

Consortium Name	Location	Service Area	Title II Funding, FY 1997
OASIS Consortium	Danvers	Amesbury, Beverly, Boxford, Essex, Georgetown, Gloucester, Groveland, Hamilton, Haverhill, Ipswich, Manchester, Merrimac, Newbury, Newburyport, Rockport, Rowley, Salisbury, Topsfield, Wenham, and West Newbury	\$35,000
Quincy/ South Shore AIDS Consortium	Quincy	Braintree, Canton, Cohasset, Hingham, Hull, Milton, Norwell, Norwood, Quincy, Randolph, Scituate, and Weymouth	\$50,875
Springfield AIDS Consortium	Springfield	Agawam, Blandford, East Long Meadow, Granville, Hampden, Long Meadow, Ludlow, Monson, Montgomery, Palmer, Russell, Southwick, Springfield, Tolland, West Springfield, and Wilbraham	\$349,527
Tri-County AIDS Consortium	Provincetown	Barnstable, Bourne, Brewster, Chatham, Chilmark, Dennis, Eastham, Edgartown, Falmouth, Gay Head, Gosnold, Harwich, Mashpee, Oak Bluffs, Orleans, Provincetown, Sandwich, Tisbury, Truro, Vineyard Haven, Wellfleet, West Tisbury and Yarmouth	\$302,764

### Accomplishments

Clients Served (duplicated count), FY 1996:	6,290
Men:	63%
Women:	37%
<13 years old:	4%
13-19 years old:	1%
20+ years old:	95%
White:	50%
African American:	14%
Hispanic:	29%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	7%

Men who have sex with men (MSM):	17%
Injecting drug user (IDU):	30%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	38%
Other, unknown or not reported:	12%

► **Improved Patient Access**

- The number of persons accessing medications through ADAP during a year has increased steadily from 1,020 clients in 1995 to 2,022 clients served in 1997, an increase of almost 100%. As of mid-1998, an average of approximately 865 clients were receiving one or more prescriptions per month, and 60% of clients were receiving protease inhibitors.
- Between 1995 and 1997, Massachusetts added 11 new medications to the ADAP formulary for a total of 32 drugs.
- The HIV/AIDS Bureau awarded a contract for the period 1997-98 for the development of a media campaign that targets African American men and women with a strong message of encouragement to seek testing, primary care, and treatment.

► **Cost Savings**

- Starting in 1997, the ADAP negotiated a pharmacy discount on the cost of prescriptions at 12% off the average wholesale price (AWP). That same year, the program also negotiated voluntary manufacturers' rebates from pharmaceutical companies for the most frequently utilized medications.

► **Other Accomplishments**

- Title II worked collaboratively with the Boston Title I program to develop a joint initiative to plan, allocate resources, and contract for case management services, including joint compliance monitoring and quality assurance standards.
- Starting in 1997, the grantee established a collaborative relationship with the New England AIDS Education and Training Center to develop and implement in-house and regional workshops with collateral material, which educated primary care physicians and other health care providers on the protocols in the new NIH Guidelines. More than 160 case managers received training in compliance with care standards and in ADAP enrollment and re-certification procedures.
- During 1998, the grantee worked with the medical director of Medicaid to establish a working group to examine the possibility of amending Massachusetts' Medicaid 1115 Waiver to expand the eligibility criteria for Medicaid to include individuals with HIV who have not yet been diagnosed with full-blown AIDS.
- The first consolidated contract review for all programs operating under the auspices of the Massachusetts Department of Public Health was conducted.

- The Massachusetts ADAP has a Scientific Advisory Board (SAB), which comprises PLWH, epidemiologists, medical providers, educators and HIV/AIDS bureau staff. The SAB operates in an informal advisory capacity providing recommendations to the ADAP on changes to the formulary. Decisions to include new medications on the formulary are made by the director of Health Services in the HIV/AIDS Bureau after careful consideration of estimated costs to the program, FDA approval, and market availability.



## AIDS Drug Assistance Program (ADAP): Massachusetts

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,802,114	\$3,310,714	\$5,563,213	\$10,676,041
State Funds	\$764,831	\$6,300,000	\$4,536,787	\$11,601,618
Other: Title I	\$224,419	\$1,177,465	\$896,976	\$2,298,860
Total	\$2,791,364	\$10,788,179	\$10,996,976	\$24,576,519

### Program

- ▶ Administrative Agency: Dept. of Public Health
- ▶ Formulary: 32 drugs, 4 protease inhibitors, 7 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The Scientific Advisory Board (SAB) includes PLWH.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	1,600
Number using ADAP each month:	865
Percent of clients on protease inhibitors:	60%
Percent of active clients below 200% FPL:	75%

## Client Profile, FY 1996

Men:	85%
Women:	15%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	43%
African American:	12%
Hispanic:	21%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	23%

## Title III: Massachusetts

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	11	11	10	
Total Title III funding in State	\$3,118,922	\$3,432,232	\$3,454,457	\$10,005,611

### Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 11 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 11,845
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 3,857
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 1,046
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
  - ▶ under 200: 28%
  - ▶ from 200 to 499: 24%
  - ▶ above 500: 33%
  - ▶ unknown: 16%

### Accomplishments

Clients served (primary care only), 1996:	3,857
Men:	63%
Women:	37%
<13 years old:	4%
13-19 years old:	3%
20+ years old:	93%

White:	49%
African American:	16%
Hispanic:	33%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
<hr/>	
Men who have sex with men (MSM):	30%
Injecting drug user (IDU):	33%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	26%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	9%

#### ► **Improved Patient Access**

- The HIV Primary Care Partnership established six service sites in Hampden County. These sites served approximately 230 new clients since January 1998. Additional sites are located in Franklin and Hampshire County. Three new primary care sites were added during 1998.
- Approximately 150 clients have been served by the East Boston Neighborhood Health Center since Title III funding began in 1996. Of the current clients, 73% have a history of injection drug use and 74% have a diagnosed mental illness.
- A Spanish-speaking physician on staff at the Fenway Community Health Center increases access to care for monolingual clients.
- The Family Health Center offers HIV counseling and testing to 100% of prenatal clients. Adolescents using the Teen Health Center are screened for high-risk behavior and offered HIV education, counseling, and testing.

#### ► **Improved Patient Outcomes**

- The health status of many clients of the Cambridge Health Alliance has improved dramatically, and several of its providers report that many clients, who had previously been on disability, are going back to work.
- The Family Health Center, which serves Worcester County, uses an interdisciplinary team approach to provide services for HIV-infected clients. Working closely with the family-care medical providers, an infectious diseases specialist, and other staff provide intensive follow-up and support for clients. This approach has led to a higher show rate for scheduled medical appointments and fewer visits to the Family Health Center's Urgent Care Center and emergency rooms at area hospitals.

- In 1996, more than 2,140 individuals received HIV pre-test counseling through the Family Health Center, 96% of who agreed to testing. The return rate for test results was 82.1% for all clients and 80% for persons with positive test results.

#### Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Cambridge Health Alliance	Somerville	Middlesex	Hospital/University-based Medical Center
Dimock Community Health Center	Roxbury	Suffolk and parts of Middlesex	Non-329/330/340 Health Center
East Boston Neighborhood Health Center	East Boston	Suffolk County	Community and Migrant (329/330) Health Center
Family Health and Social Service Center	Worcester	Worcester County	Community and Migrant (329/330) Health Center
Fenway Health Center	Boston	Suffolk, Middlesex, Essex, Norfolk	Non-329/330/340 Health Center
Greater Lawrence Family Health Center	Lawrence	Lowell and Lawrence	Community and Migrant (329/330) Health Center
Greater New Bedford Community Health Center	New Bedford	Greater New Bedford Area	Community and Migrant (329/330) Health Center
Harbor Health Services	Dorchester	Suffolk, Norfolk	Community and Migrant (329/330) Health Center
Holyoke Health Center	Holyoke	Franklin, Hampden	Community and Migrant (329/330) Health Center
Outer Cape Health Services	Truro	Barnstable County	Community and Migrant (329/330) Health Center

## Title IV: Massachusetts

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	3	3	4	
Total Title IV Funding	\$1,311,628	\$1,757,938	\$1,994,948	\$5,064,514

### HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	1%
Women with children:	25%
Adolescents/young adults:	3%
Children:	46%
Infants:	11%
Clients with AIDS/HIV Infection:	44%

### Accomplishments

All clients served, 1996:	1,291
Men:	24%
Women:	76%
(Adolescents and adults only)	
<13 years old:	57%
13-19 years old:	3%
20+ years old:	40%

White:	16%
African American:	46%
Hispanic:	25%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	13%

Men who have sex with men (MSM):	1%
Injecting drug user (IDU):	8%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	27%
Receipt of blood transfusion, blood components, or tissue:	0%
Pediatric Exposure:	57%
Other, unknown or not reported:	7%

#### ► **Improved Patient Access**

- The two Massachusetts Title IV projects served nearly 1,300 clients in 1997.
- Peer advocate outreach activities reached more than 1,250 women as part of the Massachusetts Department of Public Health's strategy of reducing perinatal HIV transmission.
- Both of the Massachusetts Title IV programs have been successful in enrolling clients in clinical research. Of the 38 clients referred to clinical trials in 1998 by the Massachusetts Department of Public Health, 34 enrolled. At the Dimock Community Health Center, every HIV-infected child is referred for clinical trials and 90% have been enrolled.
- Nineteen percent of families being served by the Dimock Community Health Center speak a language other than English.
- In 1997, 119 women, recently released from incarceration, were linked to services and care through Dimock's Title IV project.

#### ► **Improved Patient Outcomes**

- In 1997, the Massachusetts Department of Public Health served 28 HIV-infected pregnant women. Of those, 100% received counseling about strategies to reduce perinatal transmission and 96% accepted ZDV treatment.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Dimock Community Health Center	Roxbury	Boston	Community Health Center
Justice Resource Institute	Boston	Boston metropolitan area	Community-based Health Center
Massachusetts Department of Health	Boston	Statewide	Health Department
Massachusetts Department of Health (WIN)	Boston	Statewide	Health Department



## Special Programs of National Significance (SPNS): Massachusetts

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	4	4	4	
Total SPNS Funding in State	\$1,218,588	\$1,405,852	\$1,545,335	\$4,169,775

### Project Descriptions

#### ► Center for Community Health Education and Research

**Location:** Dorchester

**Project period:** 10/94 - 9/99

**Population Served:** HIV-infected Haitians

**Description of Services:** The CCHER project is a community-based health and social services initiative serving Boston's immigrant Haitian population. Its case management model addresses linguistic and cultural barriers encountered by this population, allowing them to access HIV services along a continuum of care. Program success is based on enhancements to CCHER's Innovative Case Management Plan (ICMP), which allows consumers to be followed by the same case manager, both in the Boston Medical Center HIV Clinic and at other community service agencies. The project's bilingual/bicultural case managers also serve as "cultural case management brokers" or mediators between HIV-infected Haitian clients and service providers, putting clients at ease in discussing sensitive information, and leading to greater adherence and client satisfaction during treatment. Under current funding, CCHER has added a psychosocial counseling curriculum to the original ICMP concept, known as enhanced ICMP or EICMP. The latest initiative provides culturally competent education and counseling sessions focused on prevention and risk reduction, the development of coping strategies, and management of emotional problems.

### Project Highlights

- CCHER has enhanced its core ICMP program by instituting psychosocial counseling to enhance prevention and risk reduction associated with HIV transmission. The new component provides culturally appropriate education and counseling to help clients develop tools to cope with HIV infection and enhance their sense of self worth and autonomy.

- The Enhanced Innovative Case Management Plan (EICMP) has minimized the involvement of non-clinical staff and reduced the number of missed hospital clinic appointments, reduced duplication of services, and lowered the costs of care.
- CCHER has participated in national and international conferences to promote the importance and impact of culturally competent psychosocial education and counseling services in treating Haitian immigrants living with HIV/AIDS.

#### ► **Children's Hospital, Boston**

**Location:** Boston

**Project period:** 12/93 - 11/98

**Population Served:** High-risk homeless and street youth

**Description of Services:** Boston HAPPENS provides a network of care for traditionally underserved, HIV-positive, homeless, and at-risk youth. Enhanced outreach is available to gay youth and youth of color. Project interventions are based on a continuum of care, from street outreach to counseling and testing, to primary care and referral care, including multi-disciplinary specialty care. A SPNS support network and a Community Advisory Board provide outreach and coordination of services, including case management, and referral care. In addition to professional staff, the project uses peer leaders for training and supervision to make outreach activities more effective.

#### **Project Highlights**

- Boston HAPPENS has expanded data collection and evaluation of adolescent subpopulations, specifically gays and lesbians, to deliver improved HIV care to these groups. In conjunction with this activity, the project has developed youth research measurements and completed Group Log and Contact forms to assess and coordinate service needs.
- Collaborative agreements have been forged with service agencies and local community organizations to expand referral and network services available to clients.
- Boston HAPPENS has successfully targeted homeless, gay, and ethnic minority populations, reaching 1,874 disadvantaged young adults through its multi-disciplinary HIV program.
- The project has trained peer educators for outreach, leadership, and supervisory roles to ensure that youth health services are both accessible and responsive to youth needs.

#### ► **E. Boston Neighborhood Health Ctr. Bridges Project**

**Location:** East Boston

**Project period:** 10/96 - 9/01

**Population Served:** Dually diagnosed individuals

**Description of Services:** Eighty percent of clients at EBNHC who are HIV-infected are also suffering from complex, persistent mental health and chemical addiction disorders. Their need for special services requires the center to refer them to outside agencies for specialized care, but this approach is compromised by poor communication and inadequate linkages to primary care, a lack of immediate access to critical services, and a lack of culturally and/or linguistically appropriate service delivery. Building Bridges enhances this system of care by creating a more reliable linkage between primary care and mental health and substance abuse treatment. The model uses a jointly employed linkage coordinator, who is an MSW with expertise in dual diagnosis. It also promotes better contractual relationships between EBNHC and the facilities that offer specialized care.

## **Project Highlights**

- Expansion of the linkage process through the work of a linkage coordinator has improved the project's ability to move patients into mental health and substance abuse service programs.
- A database has been developed to evaluate and monitor the project's effectiveness in improving infrastructure linkages, cost effectiveness, utilization, patient satisfaction and health status.
- Over 50 providers from mental health and substance abuse facilities have participated in workshops on cultural competency, substance abuse, and domestic violence, as part of EBNHC's Cultural Competence Training Program.
- In a bid to market the model to HMOs and managed behavioral health care organizations, the project was formally accepted as a Community Support Service Provider for the Neighborhood Health Plan (NHP).

### **► E. Boston Neighborhood Health Ctr. Project Shine**

**Location:** East Boston

**Project period:** 10/94 - 9/99

**Population Served:** N/A

**Description of Services:** The East Boston Neighborhood Health Center (EBNHC) has developed a community-based, integrated primary and specialty care program for HIV-positive clients, known as Project SHINE. With ongoing changes in health care financing, payment for health services is changing from fee-for-service to capitated managed care plans. To continue to provide quality care under the new financing system, EBNHC analyzed the service use of plan members in relation to disease stage, risk group, and changes over time. This information has proved useful in understanding the service use and costs associated with community-based programs such as EBNHC.

## **Project Highlights**

- EBNHC developed an integrated HIV care model within its Adult Medicine Division, using a highly effective multi-disciplinary and case management approach to services. Some 97 patients (34% Hispanic, 44% White, and 13% African American) have received care under Project SHINE; 620 substance abusers have received HIV-related prevention and education materials; and 121 substance abusers have undergone anonymous HIV testing.
- Project staff designed data collection systems to track utilization levels, patient satisfaction, and health outcomes across different groups of clients. They conducted an analysis of the impact of highly active antiretroviral therapy on the utilization and cost of health services.
- Based on an extensive data collection and analysis effort, EBNHC established a mechanism for determining capitation rates to support the provision of high-quality, comprehensive, and cost-effective care in a community clinic setting.

## AIDS Education and Training Centers: Massachusetts

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ New England AETC
- ▶ States Served: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- ▶ Primary Grantee: New England AETC, Brookline, MA
- ▶ Subcontractors in State: Berkshire AHEC - Pittsfield
  - Beth Israel Deaconess Medical Center - Boston
  - Boston Med. Center/Boston Public Health Commission - Boston
  - Comm. Research Initiative of New England - Brookline
  - Community Medical Alliance - Boston
  - Dimock Community Health Center - Roxbury
  - Fenway Community Health Center - Boston
  - MA General Hospital - Boston
  - Multicultural AIDS Coalition - Boston
  - Southeastern MA AHEC - Marion
  - Univ. of MA Medical Center - Worcester

### Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$596,248	\$410,599	\$588,224	\$1,595,071

### Training Highlights from FY 1997

- To provide information on PHS treatment guidelines, the AETC offered sessions designed to address the diverse training needs of health care providers, depending upon their clinical settings. Offered in one-, two-, or three-hour modules, program sessions were held at community health centers, regional meetings or professional provider associations, at in-service or grand rounds sessions, and as training programs open to all interested providers.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, the AETC developed a comprehensive two-day course. The curriculum featured the full scope of patient-clinician interactions and the course included lecture presentations, case discussions, and roundtable and panel discussions featuring people living with HIV.

- “HIV/AIDS Updates and Case Discussion: A Program for Community Health Center Providers” is a monthly series that brings together a variety of clinicians experienced in HIV care and treatment issues from sites throughout the Boston area. Each month’s session features an expert who presents a topic relevant to HIV/AIDS care, treatment and research. Participants are invited to bring cases from their own practices, which are then discussed by participants.
- To highlight the needs of women living with, or at-risk of, HIV disease and the challenges faced by their providers, the AETC developed a three-hour program titled “Women, HIV, and Reproductive Care.” The goals of the program include: to describe current knowledge of HIV transmission and treatment; to identify the medical, social and emotional issues faced by women with HIV; to demonstrate skills for incorporating counseling patients about reproductive decision-making, HIV disease, and HIV testing into the providers’ clinical settings; and to identify strategies to provide effective counseling and testing for women while considering cultural health practices, beliefs, and linguistic differences.
- The AETC developed an interactive program that allows participants to examine new and emerging therapies. “HIV Resistance, Treatment Sequencing, and Adherence Issues: A Roundtable Forum” features multidisciplinary, participatory roundtable discussions in which participants examine clinical case scenarios and propose treatment options in an informal group setting. The three-hour program begins with a presentation that is followed by roundtable discussions. Each roundtable is facilitated by a clinician. Participants are assigned to tables so that in each discussion a variety of disciplines are represented.
- The “Nurse Practitioner/Nurse Practitioner Student Clinical Site Training” is a clinical training program that has offered up to 98 hours of clinical experience over 13 weeks to students in a practice that focuses solely on HIV disease. The clinical practicum takes place at the clinic and during home visits, providing an opportunity for participants to experience a full spectrum of HIV-related treatment and care strategies and interventions.

## HIV/AIDS Dental Reimbursement Program: Massachusetts

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

### Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	5	4	5	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$475,749	\$684,459	\$727,032	\$1,887,240

### Accomplishments

Est. clients served, 1996:	4,410
Men:	75%
Women:	25%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

### HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Beth Israel Hospital	Boston
Boston Medical Center	Boston
Boston University, Goldman School	Boston
Harvard School of Dental Medicine	Boston
Tufts University School of Dental Medicine	Boston